

had developed; this horn was removed, but recurred and nine months later was again removed and the site thoroughly cauterized with nitrate of silver, which obviated further reappearance. In both cases the growth first appeared as a soft wart.—*Med. News*, Aug. 6, 1887 and Oct. 15, 1887.

JAMES E. PILCHER (U. S. Army).

II. Melanosarcoma of the Penis. By DR. GEORG FISCHER (Hannover). The author records a very rare case of melano-sarcoma of the penis (primary) occurring in a laborer 53 years old. The patient never suffered from venereal disease. The growth began as a small, dark blue, isolated spot on the left side of the glans penis 9 months before Dr. Fischer saw the patient. Then there was distortion of the stream of urine, the spots enlarged, and glandular swellings appeared in the inguinal region. Penis when seen by author was slightly curved upward in its anterior portion—there was paraphimosis. Glans and prepuce indurated on the glans penis above and below as far as the center of the organ dark blue discolorations of varying size. Around the urethral opening and under surface of the penis there were small nodules the size of a pea projecting from the surface; no ulceration except at the meatus the mucous membrane was eroded and bled easily on pressure. Large inguinal glands in both groins, the size of a hen's egg. Urine dark, but no pigment present. Amputation by circular method with knife 3 cm. from symphysis. Extirpation of inguinal glands. The right vena cruralis and left saphena magna on account of their connection with glandular growths were wounded, but after easily ligated. Patient seven months subsequent to above developed a recurrence of growth in the pelvis.

Examination of the penis by Prof. Orth showed the urethra to have been the seat of a growth black in color and involving all the tissues of the urethra in their whole circumference at its anterior portion being found in scattered patches in the posterior part of the urethra. The above nodules also were all sarcomatous in nature. The cells were round, spindle, star-shaped, containing pigment, but the number of cells free from pigment was greater than that containing pigment. The fact that the urine contained no pigment may be attributed to the

condition of the renal organs as the kidneys were not yet involved in the growth.

Only four cases of melanosarcoma of the penis are recorded, being twice metastatic and as many times primary. Of sarcoma we have 8 cases (Kaufmann). In two cases the urethral mucous membrane is supposed to be the primary seat of origin of the melanosis and the starting point of the growth (Holmes). Strictly speaking, in these cases there was primary melanosarcoma of the urethra. In melanosarcoma, dark, bluish-black, hard nodules of a few millimeters in diameter are found scattered on the penis, on the meatus, on and underneath the glans, the prepuce, and the rest of the organ. These nodules may be above the level of the skin. On the dorsum penis the hard cord of lymph vessels is felt. Hemorrhages from the urethra and distortion of the stream of urine are notable symptoms. Pains may be entirely absent. The prognosis is bad. Metastases and marasmus end the history of these cases. Melano-carcinomata are of doubtful occurrence in the penis. It is, if it occurs, of greatest rarity.

—*Zeitsch. f. Chir.*, bd. 25, heft 45.

HENRY KOPLIK (New York).

III. Gonorrhœa Healed by Injections of Oil of Iodoform. M. PAUL THIÉRY (Paris). A series of examinations have shown that the numbers of gonococci found in the pus vary greatly in the different stages of gonorrhœa. Very few are found during the first few days. But about the eighth or ninth day they are found in very great quantities. Then they begin to diminish, and when only a gleet remains it is difficult to say whether any are to be found or not. We therefore see how necessary it is, when an antiseptic treatment is resorted to, to bring the whole force of the treatment to bear against the disease at the proper moment. This moment is about the third or fourth day, just before the germs have a chance of getting a firm hold of the membrane of the urethra. Several of M. Humbert's cases treated at the Hopital du Midi are reported, and they point out how much more successful the treatment is when it has been begun early. Frequent injections are given, and they consist of iodoform which has been thoroughly rubbed down in oil of sweet almonds. To insure